



Missouri Department of Health

PHYSICIAN CERTIFICATION FORM

I certify that in administering vaccine I received from the \_\_\_\_\_  
Health Department for use in my private practice, I will abide by the following  
requirements:

- (1) I will administer vaccine only to needy, but not Medicaid eligible, patients.
- (2) I will provide to each patient (parent or guardian) receiving such vaccine a copy of the current and approved "Important Information Form." I will not administer public vaccine to any patient without having first obtained a signed "Important Information Form" from that patient or his/her parent or guardian.
- (3) I will retain all signed "Important Information Forms" for a minimum of ten years following the end of the calendar year in which the form was signed. For minors I will retain "Important Information Forms" until two years after the recipient reaches maturity or for a minimum of ten years, whichever is greater. I will furnish copies to the Department of Health upon request.
- (4) I will make no charge for the vaccine itself and all charges I make for administration of the vaccine will not exceed \$3.00 per dose.
- (5) By the 5th of each month I will provide numerical information on vaccine usage and inventory by completing sections B and F of Form Imm.P. 2. The combined total of all wasted, unaccounted for and outdated vaccine shall be maintained at less than 5% of all vaccine received each month.
- (6) I will complete a standard vaccine requisition form (Imm.P. 23) prior to receiving public vaccine.
- (7) I will provide an insulated container to transport public vaccine in a manner which ensures the uninterrupted maintenance of the proper storage temperature specified by the manufacturer.

I understand that if I fail to abide by the requirements specified above, I will no longer be eligible to receive public vaccine.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

MISSOURI DEPARTMENT OF HEALTH  
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
services provided on a nondiscriminatory basis

MO 580-1328 (6-89)

IMMP. 9 (R6-89)

**IMPORTANT INFORMATION ABOUT  
HAEMOPHILUS INFLUENZAE TYPE b DISEASE  
AND HAEMOPHILUS b CONJUGATE VACCINE**

*Please read this carefully*

**HAEMOPHILUS b  
Conjugate 6/6/91**

**WHAT IS HAEMOPHILUS INFLUENZAE TYPE b DISEASE?**

*Haemophilus influenzae* type b (*Haemophilus b*) is a bacterium which can cause serious disease, especially in children under 5 years of age. This bacterium is not the cause of the "flu" (influenza). In the United States, *Haemophilus b* causes about 12,000 cases of meningitis (infection of the covering of the brain) each year, mostly in children under 5 years of age. About 1 child in every 20 with meningitis caused by *Haemophilus b* dies of it and about 1 out of 4 has permanent brain damage. *Haemophilus b* can also cause pneumonia and infections of other body systems such as blood, joints, bone, soft tissue under the skin, throat, and the covering of the heart.

About 1 in every 200 children in the United States will have a moderate to severe disease caused by *Haemophilus b* before their fifth birthday. Serious *Haemophilus b* disease is most common in children between 6 months and 1 year of age.

About half of all *Haemophilus b* disease in children happens during the first year of life. The disease still occurs with some frequency in older preschool children. Thirty percent of severe disease occurs in children 18 months of age or older.

**HAEMOPHILUS b CONJUGATE VACCINE:**

There are several types of licensed *Haemophilus b* conjugate vaccines available for use. All of the vaccines contain the outer coating of the *Haemophilus b* bacterium which is the part that gives protection against the disease. All of the vaccines are approved for use in children 15 months of age and older, and some of the vaccines are approved for use in children 2 months of age and older.

There are some differences among the vaccines. However, all of the vaccines are considered to be effective. Not all of the vaccines are approved for use in infants. The *Haemophilus b* conjugate vaccine is given by injection. More than 90 percent of infants respond to 2-3 doses of the vaccines approved for infants by making substances in their blood (antibodies) that provide long-term protection against the severe diseases caused by *Haemophilus b* bacteria. However, several days are required for any protection to be obtained after immunization. Whether the vaccine provides protection against ear infections caused by *Haemophilus b* bacteria is not known. It does not protect against disease caused by other types of *Haemophilus*. The vaccine does not protect against meningitis caused by other bacteria. The vaccine does not cause *Haemophilus* disease. The *Haemophilus b* conjugate vaccine first became available in 1988 and its use for infants first became recommended in 1990.

**WHO SHOULD RECEIVE THE HAEMOPHILUS b CONJUGATE VACCINE?**

1. All children should receive one of the vaccines approved for use in infants, beginning at age 2 months. Depending on the type of *Haemophilus b* conjugate vaccine, the recommended schedule for infants will differ. Ask your healthcare provider which vaccine is being given.
2. Unvaccinated children 15-59 months of age should receive a single dose of conjugate vaccine.
3. Children 60 months of age or older and adults normally do not need to be immunized.

**POSSIBLE SIDE EFFECTS FROM THE VACCINE:**

The *Haemophilus b* conjugate vaccine has few side effects. Information about the vaccine now available in the United States indicates that about 2-3 out of every 100 infants who receive the vaccine may have a fever higher than 101°F; 1-2 out of every 100 may have redness in the area where the vaccine was given; and 1-3 out of every 100 may have swelling or warmth in the area where the vaccine was given. These reactions begin within 24 hours after the shot is given, but generally go away by 48 hours after immunization. As with any vaccine or drug, there is a rare possibility that other serious problems or even death could occur after receiving the *Haemophilus b* conjugate vaccine.

**(PLEASE READ OTHER SIDE)**



**WARNING - SOME PERSONS SHOULD NOT TAKE THIS VACCINE WITHOUT CHECKING WITH A DOCTOR:**

- Anyone who is sick right now with something more serious than a minor illness such as a common cold.
- Anyone who has had a serious reaction to a product containing thimerosal, a mercurial antiseptic (included in one of the vaccines that is in use).
- Anyone who has had an allergic reaction to a vaccine containing diphtheria toxoid so serious that it required medical treatment.

**QUESTIONS?**

If you have any questions about *Haemophilus b* disease or *Haemophilus b* conjugate vaccine, please ask now or call your doctor or health department before you sign this form.

**WHAT TO LOOK FOR AND DO AFTER THE VACCINATION:**

As with any serious medical problem, if the person has a serious or unusual problem after getting the vaccine, call a doctor or get the person to a doctor promptly.

If the person who received the conjugate vaccine gets sick and visits a doctor, hospital, or clinic during the 4 weeks after immunization, please report it to:

MISSOURI DEPARTMENT OF HEALTH  
BUREAU OF IMMUNIZATION  
P.O. BOX 570  
JEFFERSON CITY, MO 65102-0570  
Telephone: (314) 751-6133

or to:

*I have read or have had explained to me the information on this form about Haemophilus b conjugate vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the Haemophilus b conjugate vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.*

**HAEMOPHILUS b  
Conjugate 6/6/91**

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (Please Print)					FOR CLINIC USE	
LAST NAME	FIRST NAME	MI	BIRTHDATE	AGE	CLINIC IDENTIFICATION	
ADDRESS					DATE VACCINATED	
CITY		COUNTY			MANUF. AND LOT NO.	
STATE		ZIP CODE			SITE OF INJECTION	
SIGNATURE of person to receive vaccine or person authorized to make the request.					IMMU. GIVEN TODAY	
X				DATE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

MO 580-1541 (6-92)

MISSOURI DEPARTMENT OF HEALTH  
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
services provided on a nondiscriminatory basis

IMMP-8F (R6-92)

## IMPORTANT INFORMATION ABOUT HEPATITIS B, HEPATITIS B VACCINE, AND HEPATITIS B IMMUNE GLOBULIN

**PLEASE READ THIS CAREFULLY**

HEPATITIS B 1/31/92

### WHAT IS HEPATITIS B?

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). HBV is one of several types of viruses (infections) that can cause hepatitis. There is a vaccine that will prevent HBV infection.

Hepatitis B virus infection may occur in two phases. The acute phase occurs just after a person becomes infected, and can last from a few weeks to several months. Some people recover after the acute phase, but others remain infected for the rest of their lives. They go into the chronic phase and become "chronic carriers." The virus remains in their liver and blood.

Acute hepatitis B usually begins with symptoms such as loss of appetite, extreme tiredness, nausea, vomiting, and stomach pain. Dark urine and jaundice (yellow eyes and skin) are also common, and skin rashes and joint pain can occur. Over half of the people who become infected with HBV never become sick, but some may later have long-term liver disease from their HBV infection.

About 300,000 children and adults in the U.S. become infected with the hepatitis B virus each year. More than 10,000 of them need to be hospitalized and 250 die. Most of these deaths are from liver failure.

HBV is passed from one person to another in blood or certain body secretions. This may occur during sexual relations or when sharing things like toothbrushes, razors, or needles used to inject drugs. A baby can get HBV at birth from its mother. A doctor or nurse may get HBV if blood from an infected patient enters through a cut or accidental needlestick.

Those people infected with HBV who become "chronic carriers" can spread the infection to others throughout their lifetime. They can also develop long-term liver disease such as cirrhosis (which destroys the liver) or liver cancer.

### WHO BECOMES A CHRONIC CARRIER OF HBV?

Of every 100 young adults who catch HBV, 6 to 10 become chronic carriers. Children who become infected with HBV are more likely to become chronic carriers than adults. Of every 10 infants who are infected at birth, up to 9 will become chronic HBV carriers. The younger a child is when the infection occurs, the more likely that child will become a carrier.

About one-fourth of hepatitis B carriers develop a disease called "chronic active hepatitis." People with chronic active hepatitis often get cirrhosis of the liver, and many die from liver failure. In addition, they are much more likely than other people to get cancer of the liver. In the United States, about 4,000 hepatitis B carriers die each year from cirrhosis and more than 800 die from liver cancer.

### HEPATITIS B VIRUS INFECTIONS IN CHILDREN

Each year 22,000 children are born to women who are carriers of HBV. In the past, 4,000-5,000 of these infants were born with HBV infection. Almost all of these infections can now be prevented. A pregnant woman can find out if she is infected with HBV by getting a simple blood test. If she is infected, she can protect her newborn infant from infection by getting the child immunized with hepatitis B vaccine and hepatitis B immune globulin (HBIG) as soon after birth as possible.

Certain groups of children are more likely to get HBV because they or their parents come from countries where HBV infection is much more common than in the United States. (These are countries in Asia, Africa, South America, the South Pacific and eastern and southern Europe.) It is very important that these children receive hepatitis B vaccine at birth or at least before they are one year old.

### Why ALL Children Should Receive Hepatitis B Vaccine

Anyone can get HBV infection. In fact, about 1 out of every 20 people in the United States has been infected with HBV. Because of the serious liver disease, cancer, and death resulting from HBV infection, all infants in the United States should be vaccinated against this virus. This will protect them when they become teenagers and adults, and are most likely to catch hepatitis B.

### HEPATITIS B VACCINE AND HEPATITIS B IMMUNE GLOBULIN

#### Hepatitis B Vaccine

Hepatitis B vaccine is given by injection. Three doses, given on three different dates, are needed for full protection. Exactly when these three doses are given can vary. Infants can get the vaccine at the same time as other baby shots, or during regular visits for well child care. Your doctor or nurse will tell you when the three shots should be given.

The hepatitis B vaccine prevents HBV infection in 85%-95% of people who get all three shots. Studies have shown that in these people, protection lasts at least 10 years. Booster doses are not recommended at this time.

#### Who Should Get Hepatitis B Vaccine?

##### Infants

- 1. Infants born to women who are infected with HBV* - Infants born to infected women or to women who are chronic HBV carriers should be given hepatitis B vaccine and HBIG (see below) within 12 hours of birth. They should then get their second and third vaccine doses at 1 and 6 months of age. If they don't get these shots, these infants will very likely be infected with HBV and become chronic carriers themselves. Pregnant women can find out if they are infected with HBV by getting a simple blood test, which is now recommended as a routine part of their prenatal care.
- 2. Infants born to healthy women (non-carriers of HBV)* - Vaccination during infancy and early childhood is recommended for **all** infants in the United States to prevent HBV infection and chronic HBV carriage. Infants should get their first dose of vaccine either at birth or at 1-2 months of age. The second dose can be given 1 to 3 months later, and the third dose between 6 and 18 months of age. Hepatitis B vaccine can safely be given at the same time as the other vaccines a child normally receives.

##### Special Childhood Populations

Immigrant and refugee children from parts of the world where HBV infection is common (Asia, Africa, South America, South Pacific and eastern and southern Europe) are at high risk of HBV infection. All immigrant and refugee children 7 years of age and younger should get hepatitis B vaccine.

##### Adults and Other Groups

Hepatitis B vaccine is also recommended for adolescents and adults at high risk of getting HBV infection. **This includes** 1) people who are exposed to blood or blood products in their work (health care workers or emergency care responders, for instance); 2) clients and staff of institutions for the developmentally disabled, as well as clients and staff of group homes, where any of the residents is a chronic carrier of HBV; 3) hemodialysis patients; 4) men who have sex with men; 5) users of injectable drugs; 6) people with medical conditions (such as hemophilia) who receive blood products to help their blood clot; 7) people who live with, or have sex with, HBV carriers; 8) people who have more than one sexual partner, or people who are treated for sexually transmitted diseases; and 9) people who travel to, or live in, parts of the world where HBV infections are common.

Hepatitis B vaccine is also recommended for people who have been exposed to HBV. **This includes people who have never been vaccinated for hepatitis B, and who:** (1) have an accident in which blood containing HBV enters their body through the skin or mucous membrane; or, (2) have sexual contact with someone with acute hepatitis B. In some cases, hepatitis B vaccine should be started at the same time as treatment with HBIG (see below).

(CONTINUED ON BACK)

**MISSOURI DEPARTMENT OF HEALTH**

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
Services provided on a nondiscriminatory basis

MO 580-1008 (7/92)

**Hepatitis B Immune Globulin (HBIG)**

HBIG is often given along with hepatitis B vaccine to people who have been exposed to HBV. It gives protection from the virus for the first 1 to 3 months; then the vaccine takes over and gives long lasting protection. HBIG is made from human plasma (a part of the blood). Any viruses found in the blood are killed during its preparation, and no one has ever been known to get hepatitis B or AIDS or any other virus from HBIG. Most people need only one dose to protect them after exposure to HBV.

**Who should get Hepatitis B Immune Globulin?**

HBIG is recommended for the following people. (For most people, the first dose of hepatitis B vaccine should be given at the same time as the HBIG.)

**Infants**

1. *Infants born to women who are infected with HBV* - These infants should get one dose of HBIG and the first dose of vaccine within 12 hours of birth (see above).
2. *Unvaccinated infants less than 12 months old whose mother (or primary caregiver) has acute hepatitis B* - All infants less than 12 months can easily become HBV carriers after hepatitis B infection. Exposed infants who have not been vaccinated should get one dose of HBIG and begin the hepatitis B vaccine series. Infants who have already been vaccinated do not need HBIG.

**Adults and Others**

1. *Persons accidentally exposed to blood or body fluids that may contain HBV* - Exposed persons who have not been vaccinated should get one dose of HBIG and begin the hepatitis B vaccine series. Exposed persons who have had hepatitis B shots may also need HBIG. A doctor or nurse should make that decision.
2. *People having sexual contact with anyone who has acute hepatitis B* - These people should get a dose of HBIG within 14 days of the most recent sexual contact with anyone who has acute hepatitis B. They may also need to get hepatitis B vaccine.

**POSSIBLE SIDE EFFECTS FROM HEPATITIS B VACCINE AND HBIG**

The most common side effect of hepatitis B vaccination is soreness where the shot is given. Tenderness at the injection site has been reported in up to 46% of infants vaccinated. Of children who get the vaccine, 2% to 5% may get a fever greater than 102°F or become irritable. When hepatitis B vaccine is given with other childhood vaccines, it does not make these mild reactions worse than would be seen with the other vaccines alone. HBIG has sometimes been associated with swelling and hives. As with any drug, there is a slight chance of allergic or more serious reactions with either the vaccine or HBIG. However, no serious reactions have been shown to occur due to the hepatitis B recombinant vaccines. (These are the ones currently in use.) A person cannot get hepatitis B or AIDS from a hepatitis B shot or from an HBIG shot.

Before recombinant vaccines were used in the United States, another type of hepatitis B vaccine (plasma-derived) was used. Surveillance showed that getting the first dose of plasma-derived hepatitis B vaccine may have been associated with the paralytic illness Guillain-Barré syndrome (GBS). However, the recombinant vaccine has not been shown to be associated with GBS.

**PREGNANCY**

Very little information is available about the safety of the vaccine or HBIG for unborn babies. If a pregnant woman gets an HBV infection, it can cause severe disease in the mother and chronic HBV infection in the newborn baby. On the other hand, both the vaccine and HBIG should be safe for the unborn baby because they contain no infectious material. Therefore, pregnant women who are at risk of HBV infection can be given both hepatitis B vaccine and HBIG.

**QUESTIONS**

If you have any questions about hepatitis B, HBIG, or hepatitis B vaccine, please ask us now or call your doctor or health department before you sign this form.

**REACTIONS**

If the person who received HBIG and/or the vaccine gets sick and visits a doctor, hospital, or clinic during the 4 weeks after receiving the vaccine, please report it to:

MISSOURI DEPARTMENT OF HEALTH  
BUREAU OF IMMUNIZATION  
P.O. BOX 570  
JEFFERSON CITY, MO 65102-0570  
Telephone: (314) 751-6133

or to:

I have been given a copy and have read or have had explained to me the information on this form about hepatitis B and hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the hepatitis B vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

Hepatitis B 1/31/92

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (PLEASE PRINT)				FOR CLINIC USE	
LAST NAME	FIRST NAME	MI	BIRTHDATE	AGE	CLINIC IDENTIFICATION
ADDRESS					DATE VACCINATED
CITY		COUNTY			MANUF. AND LOT NO
STATE		ZIP CODE			SITE OF INJECTION
SIGNATURE of person to receive vaccine or person authorized to make the request <b>X</b>				DATE	IMM GIVEN TODAY <b>1</b> <b>2</b> <b>3</b>

MO 580-1008 (7-92)

ImmP-8G (7-92)

## MISSOURI DEPARTMENT OF HEALTH

## MONTHLY REPORT: NUMBER OF DOSES OF PUBLIC SECTOR VACCINE ADMINISTERED BY AND DISTRIBUTED TO PUBLIC AND PRIVATE PROVIDERS

COUNTY	DISTRICT	LOCATION	PHONE NUMBER	MONTH/YEAR
PREPARED BY				

## SECTION A - PUBLIC

VACCINE	DOSES	NUMBER OF DOSES OF VACCINE ADMINISTERED BY AGE GROUPS													TOTAL DIST. TO PRIVATE PROVIDERS	
		<1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64	65+	UNK.		TOTAL
DTP	1															
	2															
	3															
	4															
	5+															
	TOTAL															
Td	1															
	2															
	3+															
	TOTAL															
	HbCV	1														
2																
3																
4																
TOTAL																
OPV		1														
	2															
	3															
	4+															
	TOTAL															
	MMR	1														
2+																
TOTAL																
INFLUENZA	TOTAL															
HB Vaccine	1															
	2															
	3															
	TOTAL															
HBIG	TOTAL															
OTHER	TOTAL															

MO 580-0476 (10-92)

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER  
Services provided on a nondiscriminatory basis

IMM P 2 (10-92)



**SECTION B - PRIVATE**

[illegible]

## SECTION D - CLINICS

NUMBER OF VOLUNTEERS	TOTAL HOURS	TOTAL CLINICS	AVAILABLE TO ANYONE		APPOINTMENT ONLY (CHC, H. DEPT., ETC.)	SPECIAL TARGET GROUPS (HEADSTART, DAY CARE, ETC.)
			SCHOOL CLINICS	H. DEPT., ETC.		

**SECTION E - WHERE VACCINE WAS USED (NUMBER OF DOSES GIVEN)**

[illegible]

**SECTION F - COUNTY/PRIVATE PROVIDER VACCINE ACCOUNTABILITY (F1 + F2 = F3 + F4 + F5 + F6 + F7 + F8) MUST BALANCE**

	DTP	Td	HbCV	OPV	MMR	INFLUENZA	HB Vaccine	HBIG	OTHER
1. BALANCE OF PREVIOUS MONTH									
2. AMOUNT RECEIVED									
3. TOTAL ADMINISTERED									
4. VACCINE TRANSFERRED									
5. WASTAGE									
6. OUTDATED									
7. UNACCOUNTED									
8. AMOUNT** IN STOCK	H. Dept.								
	Pr. Provider								
	TOTAL								

AD 580-0476 (10-92)

**ACTUAL COUNT**

IMM.P.2 (10-92)

MISSOURI DEPARTMENT OF HEALTH  
**REQUISITION FOR VACCINE ONLY**

64121

PLEASE FURNISH THE FOLLOWING TO:

INSTRUCTIONS:

**PART I** - Completed by person making requisition. Retain PINK copy.  
Send WHITE, YELLOW and BLUE copy to vaccine supplier.

**PART II** - Completed by vaccine supplier. Retain BLUE copy. Send WHITE and YELLOW copy back to person requisitioning vaccine.

**PART III - Completed by person making requisition AFTER THEY HAVE RECEIVED THE VACCINE. Retain YELLOW copy and return WHITE copy to vaccine supplier.**

DATE \_\_\_\_\_

SIGNATURE of Person Authorized to Make Order

Title

TELEPHONE

[illegible]

CODE:

**By accepting receipt of this vaccine, I agree to: (1) make NO CHARGE for the vaccine itself.**

- (2) provide limited data concerning vaccine usage to the Bureau of Immunization on a monthly basis.
- (3) use the appropriate Important Information Statements supplied by the Department of Health, or, if a private physician, sign a Physician Certification Form (Imm. P. 9).

Person Receiving Vaccine ... PRINT

Hib — Haemophilus influenzae type b  
Hep B — Hepatitis B

SIGNATURE of Person Receiving Vaccine

MO 580-0821 (4-86)

mm. P. 23-3/86



# **19 CSR 20-28.040 Day Care Immunization Rule**

*PURPOSE: This rule establishes immunization requirements in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) for all children attending public, private or parochial day care, preschool or nursery schools caring for ten or more children, and describes actions to be taken to ensure compliance with section 210.003, RSMo.*

(1) As mandated by section 210.003, RSMo, the administrator of each public, private or parochial day care center, preschool or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator's jurisdiction. The administrator shall also make an annual summary report to the Department of Health on form Imm.P. 32 no later than January 15. Immunization information is required in ten (10) categories: diphtheria, tetanus, pertussis (DTaP); polio; hepatitis B (HB); *Haemophilus influenzae* type b (Hib); measles, mumps, rubella (MMR); and varicella (VZV).

(2) No child shall enroll in or attend a public, private or parochial day care center, preschool or nursery school caring for ten (10) or more children unless the child has been adequately immunized according to this rule. Children attending elementary school who receive before, after school care, or both, shall meet the immunization requirements established in the School Immunization Rule, 19 CSR 20-28.010. Preschool-age children shall be immunized against diphtheria, tetanus, pertussis, polio, hepatitis B, *Haemophilus influenzae* type b, measles, mumps, rubella, and varicella according to the latest Recommended Childhood Immunization Schedule—United States, approved by the Advisory Committee on Immunization Practices (ACIP). As the schedule is updated, it will be available from and distributed by the Department of Health.

(3) Section 210.003, RSMo provides that a child who has not completed all appropriate immunizations may enroll if—

(A) Satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as the immunization process is being accomplished according to the ACIP/Department of Health recommended schedule. Failure to meet the next scheduled appointment constitutes noncompliance with the day care immunization law and action shall be initiated immediately by the administrator to have the child excluded from the facility.

(B) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

1. A medical exemption, by which a child shall be exempted from the requirements of this rule upon certification by a licensed doctor of medicine or doctor of osteopathy, that either the immunization would seriously endanger the child's health or life, or the child has documentation of laboratory evidence of immunity to the disease. The Department of Health form Imm.P. 12 shall be on file with the immunization record of each child with a medical exemption. The medical exemption need not be renewed annually; or

2. A parent or guardian exemption, by which a child shall be exempted from the requirements of this rule if one (1) parent or guardian files a written objection to immunization with the day care administrator. The Department of Health form Imm.P. 11 shall be on file with the immunization record of each child with a parental exemption. The parental exemption form must be renewed annually.

(4) The parent or guardian shall furnish the day care administrator satisfactory evidence of completion of the required immunizations, exemption from immunization, or progress toward completing all required immunizations against diphtheria, tetanus, pertussis, polio, hepatitis B, *Haemophilus influenzae* type b, measles, mumps, rubella, and varicella. Satisfactory evidence of immunization means a statement, certificate or record from a physician or other recognized health facility stating that the required immunizations have been given to the person and verifying type of vaccine and the dates, including the month, day and year of each immunization. However, if a child has had varicella (chickenpox) disease, the parent, the guardian, a licensed doctor of medicine or doctor of osteopathy may sign and place on file with the day care administrator a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: "This is to verify that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine."

*AUTHORITY: sections 192.006 and 210.003, RSMo 2000.\* Emergency rule filed Aug. 1,*

*1995, effective Aug. 11, 1995, expired Dec. 8, 1995. Original rule filed April 17, 1995, effective Nov. 30, 1995. Emergency amendment filed June 14, 2000, effective June 24, 2000, expired Feb. 22, 2001. Amended: Filed June 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 3, 2001, effective July 30, 2001.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 210.003, RSMo 1988.*

# **19 CSR 20-28.060 Minimum Immunization Coverage to Be Provided by Individual and Group Health Insurance Policies**

*PURPOSE: This rule identifies the immunizations which individual and group health insurance policies, as enumerated in H.B. 904, must provide for children from birth to five years of age.*

(1) This rule requires that all individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity-type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization and all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description shall provide coverage for immunizations for children, birth to five (5) years of age, for all immunizations listed in section (2) of this rule.

(2) All immunization within the latest Recommended Childhood Immunization Schedule—United States, approved by the Advisory Committee on Immunization Practices (ACIP), shall be required under this rule. As the schedule is updated, it will be available from and distributed by the Department of Health. The immunizations required under this rule and manner and frequency of their administration shall conform to recognized standards of medical practice.

*AUTHORITY: section 376.1215, RSMo Supp. 1998.\* Emergency rule filed Aug. 16, 1996, effective Aug. 29, 1996, expired Feb. 24, 1997. Original rule filed Aug. 16, 1996, effective Jan. 30, 1997. Amended: Filed May 14, 1999, effective Nov. 30, 1999.*

*\*Original authority: 376.215, RSMo 1996.*